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13. Abstract (Maximum 200 Words) (abstract should contain no proprietary or confidential information) Cancer survivorship begins at diagnosis and continues beyond treatment. Although attention has been paid to psychosocial issues at diagnosis and active treatment, less has been paid to the end of active treatment when survivors face rising role expectations, fears of relapse, and the need to confront appearance and relationship change. This project focuses on increasing coping skills among breast cancer survivors at the end of active treatment. We will implement a skills-focused, problem-solving intervention (PSI), and evaluate its effects relative to routine care. The PSI is brief, non-stigmatizing, and disseminated in a single, four-hour group intervention. It focuses on building skills for problem definition, alternative generation, decision making, and solution implementation and evaluation. It also incorporates telephone follow-up at two- and four-weeks after the intervention to allow patients to discuss difficulties and receive additional instruction. This enhances the initial contact without increasing burden, allowing continued intervention with a geographically dispersed population. If effective, this intervention will point toward inexpensive and acceptable interventions that allow cancer survivors to define and ameliorate their own psychosocial stressors. This project is awaiting final approval by the Department of Defense prior to accruing participants.				
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INTRODUCTION

This project is a procedural feasibility study focused on examining the acceptability and potential efficacy of an empirically based problem solving intervention package to address the needs of breast cancer patients at the end of active treatment. Although it has been assumed that cancer-related distress is self-limiting, clinical experience and empirical data suggest that for many patients, distress does not dissipate at the end of treatment and may even increase. Estimates of the rate of significant distress in posttreatment survivors range from 22% to 64%. Psychosocial factors have been shown to predict distress in survivors, although health status is unrelated. Given the scope of survivor concerns, it is likely that building general problem-solving skills may be a more efficient means of enhancing coping and empowering survivors than would addressing a circumscribed list of specific concerns. Similarly, as the empirical basis for specifying stressors is limited, a general approach will benefit survivors by empowering them to define and address whatever particular stressors they encounter. We will examine the procedural feasibility of implementing a brief, 4-hour, skills-focused, problem-solving intervention with two telephone follow-ups for posttreatment breast cancer survivors. The overall design is that of a randomized split-plot control trial in which participants are nested within intervention arms ($n = 40/\text{arm}$) and crossed with time.

BODY

Planning and preparing for the project has proceeded. Training of group protocol co-leaders has begun. Tracking and data set protocols have been readied. The PI has met with PIs (Drs. Bucher and Houts) of other protocols examining problem-solving educational techniques with caregivers of cancer patients to discuss how they have overcome difficulties in implementation, participant accrual, retention, and group structure, is undergoing certification and training of their protocols. The Co-PI (Coyne) has met with the developers of Problem-Solving Therapy (Drs. Nezu and Nezu) and gained insights into their approach in order to refine our techniques. Final University of Pennsylvania Institutional Review Board approval was granted January 16, 2002.

This project is awaiting notification of final approval by the Department of Defense Contracting Officer before accruing participants, per Department of Defense requirements. Because of this, the PI has currently reduced to .05 FTE on the project until approval is granted. A no-cost extension has been filed to allow the project to proceed once Department of Defense Contracting Officer approval is received.

KEY RESEARCH ACCOMPLISHMENTS

None.

REPORTABLE OUTCOMES

None.

CONCLUSIONS

None.

REFERENCES

None.

APPENDICES

None.